

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>   | System for Loading Executable Code into Volatile Memory in a Downhole Tool |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
|---|--|-----------------|--|-------------|-------------|--------------------|-------------------|-----|------|----|-----|------------------------|--|------|----|---|--|--|--|--|--|
| Application Number :  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Date :  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| First Named Applicant:  | Mr. David R. Hall  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Attorney Docket Number:   | 66.0055  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 1076</b>   |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.   |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Filing as large entity  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| BASIC FILING FEE  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>  |  | Fee Description | Fee Code                               | Amount \$   | Fee Paid \$ | Utility Filing Fee | 1001              | 770 | 770  |    |     |                        | Subtotal For Basic Filing Fees: \$ 770 |      |    |   |  |  |  |  |  |
| Fee Description   | Fee Code   | Amount \$       | Fee Paid \$                            |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Utility Filing Fee  | 1001   | 770             | 770                                    |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
|   |  |                 | Subtotal For Basic Filing Fees: \$ 770 |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| EXTRA CLAIM FEES  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 37</td><td>17</td><td>1202</td><td>18</td><td>306</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 306</td></tr></tbody></table> |  | Fee Description | Extra Claim                            | Fee Code    | Amount \$   | Fee Paid \$        | Total Claims : 37 | 17  | 1202 | 18 | 306 | Independent Claims : 3 | 0                                      | 1201 | 86 | 0 |  |  |  | Subtotal For Extra Claims Fees: \$ 306 |  |
| Fee Description   | Extra Claim  | Fee Code        | Amount \$                              | Fee Paid \$ |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Total Claims : 37   | 17   | 1202            | 18                                     | 306         |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Independent Claims : 3  | 0  | 1201            | 86                                     | 0           |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
|   |  |                 | Subtotal For Extra Claims Fees: \$ 306 |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>   |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>   |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Deposit account number:   | 180584   |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Access Code   | ****   |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Deposit name:   | Reed Tool Co.  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Deposit authorized name:  | Jeffery E. Daly  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Signature:  | Jeffery E. Daly  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Date (YYYYMMDD):  | 2004-07-27   |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.  |  |                 |  |             |             |                    |                   |     |      |    |     |                        |  |      |    |   |  |  |  |  |  |